

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <b>09/611,780</b>	<small>FILING DATE</small>					
							<small>APPLICANT(S)</small>						
<b>2116105</b>							<b>CLAIMS</b>						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2			<del>Canceled</del>				52						
3			<del>Canceled</del>				53						
4				1			54						
5				1			55						
6				1			56						
7				1			57						
8				1			58						
9				1			59						
10				1			60						
11				1			61						
12				1			62						
13				1			63						
14				13			64						
15				1			65						
16				1			66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30	1						80						
31							81						
32							82						
33				1			83						
34				1			84						
35				1			85						
36				1			86						
37				1			87						
38							88						
39							89						
40							90						
41							91						
42				1			92						
43				1			93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		3				TOTAL IND.						
TOTAL DEP.	30		30				TOTAL DEP.						
TOTAL CLAIMS	32		33				TOTAL CLAIMS						